

Event Management Database Script

Last changed (05/30/2013)

Bank/Thrift Name/Location:

Regulator Making Contact: Name/Agency

[NOTE: If multiple events occurred, please note specific event.]

1. Was your financial institution materially impacted by this event?
2. Is the physical condition and availability of your staff sufficient to implement your Business Continuity Plan (BCP)?
3. Are all offices open? (Designate individual office openings/closings.)
4. Are telecommunications available to all offices?
5. If not, please describe outages and estimated recovery time.
6. Is electrical power available to all offices? **[NOTE: If institution is operating on a generator, please note.]**
7. If not, please describe outages and estimated recovery time.
8. Is the institution using temporary locations?
9. If so, where?

10. Are there physical security concerns at any of your offices?
11. If so, please describe. **[NOTE: If no concerns are noted in the first 10 questions, there is no need to continue with the remaining questions.]**
12. Is IT serviced in-house?
13. Have IT operations been moved to a backup site?
14. Is G/L processing current?
15. If G/L processing is not current, what is the estimated date to meet this objective?
16. Is customer transaction posting, including ACH, current?
17. If customer posting is not current, please estimate date.
18. Is the institution able to transmit and receive cash letters?
19. Is there a cash shortage?
20. If so, describe current status and plan of action.
21. Have there been any unusual withdrawals?
22. Does the institution offer online banking?
23. Is online banking operational?
24. Does the institution have its own ATM network?
25. Is the institution-owned ATM network operational?
26. Can customers access the national ATM network?
27. If the national ATM network is down, what is the estimated date to restore national network?
28. Does the institution have a website?

29. Has the website been updated?

30. Can we refer customers to this website for updates?

Website to give to customers: _____

31. Does institution issue debit/credit cards?

32. Are there any known issues with debit credit/cards?

33. Do you need any Regulatory assistance and/or flexibility?

34. What phone number would you like for us to give to customers?

35. Are there any special issues or concerns that we need to be aware of?

36. Officer who will be Regulatory Contact: _____

37. Regulatory Contact Primary Phone Number: _____

38. Backup Regulatory Contact Name: _____

39. Backup Regulatory Contact Number: _____

40. Other Contact Information: